

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hsieh et al.	:	
	:	Art Unit: 3737
Serial No.: 10/065,689	:	
	:	Examiner: Roy, Baisakhi
Filed: November 8, 2002	:	
	:	
For: METHOD AND APPARATUS	:	
FOR DETECTING	:	
STRUCTURAL, PERFUSION,	:	
AND FUNCTIONAL	:	
ABNORMALITIES	:	

Mail Stop: RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
Extension of Time Transmittal (3 pages)

STATUS

2. Applicant
☐ claims small entity status.
☒ is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☒ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input checked="" type="checkbox"/> first month	\$ 120.00	\$ 60.00
<input type="checkbox"/> second month	\$ 460.00	\$ 230.00
<input type="checkbox"/> third month	\$ 1,050.00	\$ 525.00
<input type="checkbox"/> fourth month	\$ 1,640.00	\$ 820.00
<input type="checkbox"/> fifth month	\$ 2,230.00	\$1,115.00

Fee: \$120.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$120.00

OR

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

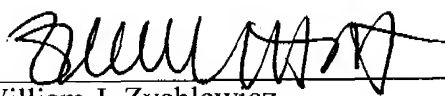
FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL		MINUS		=	x \$9 = \$		x \$18 = \$0.00
INDEP.		MINUS		=	x \$44 = \$		x \$88 = \$0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$150 = \$		+ \$300 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$0.00

(a) ☒ No additional fee for Claims is required**OR**(b) ☐ Total additional fee for claims required \$**FEE PAYMENT**

5. Attached is a check in the sum of \$

☒ Charge Deposit Account No. 01-2384 the sum of \$120.00
A duplicate of this transmittal is attached.**FEE DEFICIENCY**6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.**AND/OR**☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.7. ☐ Other:

 William J. Zychlewicz
 Reg. No. 51,366
 ARMSTRONG TEASDALE LLP
 One Metropolitan Square, Suite 2600
 St. Louis, MO 63102
 314/621-5070